

Dr. Harry S. S. 67

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040801

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

264
FILED OCT 29 1963VS 300
Rev. 4/59

10770

20770

3

4 0

5 1

6

7 0

8 3

94201H

10

11

12 90-1

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

OZARK

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

OCIE

Length of stay in 1b

10 MO.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

OZARK

Inside Limits

Yes ☐ No ☒c. CITY
OR TOWN

OCIE

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

J

Middle

OLIVER

Last

GIDEON

4. DATE
OF DEATH

Month

Day

Year

OCT.

14

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/6/97

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED FINANCE DIRECTOR

10b. KIND OF BUSINESS OR INDUSTRY

CITY OF SPRINGFIELD

11. BIRTHPLACE (City and state or country)

SPRINGFIELD, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

THOMAS H. GIDEON

13b. MOTHER'S MAIDEN NAME

JOSEPHINE OLIVER

14. NAME OF HUSBAND OR WIFE

DOROTHY L. GIDEON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

YES

W.W. # 1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

DOROTHY L. GIDEON

OCIE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Probable Myocardial infarction minutes

due to coronary occlusion

arteriosclerotic vascular disease

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of prostate

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Springfield, Mo.

21. I attended the deceased from Mar 22 '56, to Oct 14 '63, and last saw him alive on Sept 17 '63. Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

10/18/63

23c. NAME OF CEMETERY OR CREMATORY

HAZELWOOD

23d. LOCATION (City, town, or county)

SPRINGFIELD, MO.

24. FUNERAL DIRECTOR ADDRESS
H.H. LOHMEYER FUNERAL HOME
SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

10-21-63

26. REGISTRAR'S SIGNATURE

Barbara Shaw

USE BLACK INK
OR
TYPEWRITER RIBBON

0961 08 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lucian T. Shadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Handwritten notes and signatures at bottom left.

10-51-01